



DEPARTMENT OF HEALTH & HUMAN SERVICE

INDIAN HEALTH SERVICE, WESTERN REGION, WESTERN OREGON SERVICE UNIT

IHS IS A SMOKE FREE AGENCY

Preference in filling vacancies is given to qualified Native American Indian candidates in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer and all qualified candidates will receive consideration without regard to race, color, sex, national origin, marital status, age, religion, labor organization affiliation, physical handicap, political affiliation, or sexual orientation.

AMENDMENT: AMENDED THE VACANCY ANNOUNCEMENT TO CHANGE THE CLOSING DATE FROM SEPTEMBER 29, 2006 TO "OPEN UNTIL FILLED"; AND TO ADD: "OR MAY BE CONVERTED TO PERMANENT WITHOUT FURTHER COMPETITION"

ANNOUNCEMENT NUMBER: WR-06-152 MP/ES

OPEN DATE: September 11, 2006

CLOSE DATE: Open Until Filled

POSITION TITLE/SERIES/GRADE: Nursing Assistant GS-0621-4

STARTING SALARY: GS-4: \$25,338 – 32,944 per year (May be adjusted for previous or current Federal employees)

LOCATION: Western Oregon Service Unit, Chemawa Indian Health Center, Salem, Oregon

APPOINTMENT/WORK SCHEDULE: Term Appointment Not To Exceed Two Years; Term Appointment May Be Extended–OR Converted To Permanent Without Further Competition. A benefits package is available

PROMOTION POTENTIAL: GS-4

SUPERVISORY/MANAGERIAL: No

RELOCATION EXPENSES: No

AREA OF CONSIDERATION: Indian Health Service-Wide

WHO MAY APPLY: U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligibles, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, VRA, etc).

NOTE: Indian Preference candidates who are currently on career conditional or career appointments or who are eligible for reinstatement must indicate on their application if they wish to be considered under the Merit Promotion Plan or the Excepted Service Examining Plan or both. If they do not, their application will be considered only under the Merit Promotion Plan. (Indian Preference candidates are persons who are enrolled in a federally recognized tribe as defined by the Secretary of the Interior, and who submit a properly completed and signed BIA-4432 form).

JOB DESCRIPTION: This does not cover all duties of the position. Escorts patients to examining room. Ability to take vital signs independently without instructions, charts these properly in patients record, temperature, pulse, respiration, blood pressure, weight (both adult and babies), height, history and complaints of patients, eye test. Gown and drape for examination. Provides for a friendly understanding atmosphere by explaining to the patient the purpose of the procedures and insure that the patient understands the doctor's instructions regarding care at home and date of return to the clinic. Changes dressings and applies bandages under the direction of physician or clinic nurse during examination of patients. Maintains general cleanliness and orderliness of the examining rooms, straightens up between patients and replenishes supplies, disposes of contaminated wastes and cleans contaminated areas. Prepares and autoclaves supplies and instruments on a definite schedule to maintain adequate supplies. Assists in collecting specimens.

Qualifications

GS-4: 6 months of specialized experience and 6 months of General Experience OR 2 years of high school as described below.

General Experience: (1) Any type of work that demonstrates the applicant's ability to perform the work of the position, or (2) experience that provided a familiarity with the subject matter or processes of the broad subject area of the occupation.

Combining Experience and Education: Equivalent combinations of successfully completed post-high school education and experience are also qualifying. If education is used to meet specialized experience requirements, then such education must include courses directly related to the work of the position as described below.

Specialized Experience: Qualifying specialized experience includes nonprofessional nursing care work in a hospital, outpatient clinic, nursing home, or other medical, nursing, or patient care facility, or in work as that of a home health aid performing duties such as:

- Providing personal nursing care such as providing pre- and post-operative care.
- Supports duties for diagnostic and technical treatment procedures, such as setting up and operating special medical equipment and apparatus.
- Caring for mentally ill patients, including observing, recording, and reporting changes in their behavior, and providing reassurance and encouragement.
- Assisting surgeons and registered nurses in operating room activities, including passing instruments, maintaining sterile conditions, and draping and positioning patients.

OR

Education and Training: For GS-4: Successful completion of a 2-year degree program in an accredited community college, junior college, or college or university in practical nursing or in a field of study appropriate to the specialization of the position, such as education in a program for a psychology, psychiatric, or operating room technician.

TIME IN GRADE: Federal status applicants must have completed at least 6 months of service in a position no more than one grade lower than the position to be filled. If selected under the Excepted Service Examining Plan, individuals may be appointed without regard to time-in-grade requirements.

EVALUATION METHOD: Applicants who meet the qualification requirements described above will be further evaluated by determining the degree to which their work experience, education, training, supervisory appraisal, awards, etc., give evidence that they possess the knowledges (K), skills (S), and abilities (A), described below. All applicants would provide clear, concise examples that show their level of accomplishment or degree to which they possess the KSAs. The information provided will be used to determine the "best qualified" candidates.

- a. Ability to meet perform the technical aspects of the job.
- b. Skill in interpersonal relations.
- c. Ability to work under pressure.
- d. Ability to maintain security of confidential information.

PHYSICAL DEMANDS: Duties require extensive periods of standing and walking. Working with patients requires regular and recurring bending, lifting, stooping, stretching and similar activities.

WORKING CONDITIONS: Work is performed in an environment which involves everyday risks or discomforts. Exposure to infection and contagious diseases is ever present because patients seen the ambulatory care setting do not have a diagnosis when the nursing assistant first contacts them.

CONDITIONS OF EMPLOYMENT:

1. Selectee(s) are required to be immunized against Measles and Rubella and provide medical documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant.
2. Selectee(s) are required to complete a Security Questionnaire and Fingerprint Chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Protection Act. Persons who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630
3. Selectee(s) are required to complete a "Declaration of Federal Employment - Optional Form 306" to determine your suitability for Federal employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.

METHOD OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities, special awards, experience related to tribal communities and projects, and also on the information provided in the applicant's responses to the following Knowledge, Skills, and Abilities.

REASONABLE ACCOMMODATION: The Indian Health Service provides reasonable accommodation to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Human Resource Specialist named below. The decision on granting reasonable accommodation will be on a case-by-case basis.

HOW TO APPLY/REQUESTED FORMS:

1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA Form 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former Federal employee, and/or if requesting Reinstatement Eligibility.
5. Copy of college transcripts, diploma, and/or certificate of achievement, if applicable.
6. Copy of most recent performance appraisal, if available.
8. Completed Optional Form 306 (form attached).
9. Completed Selective Service Registration Form (form attached), if applicable.
10. Written Responses to the Knowledge, Skills, and Abilities (OPTIONAL ~ failure to submit may result in an ineligible rating or substantially lower score).

To be considered for this position all applicable application paperwork must be received at the address below by 4:30 p.m. on the closing date of this announcement. IF THE APPLICATION IS FAXED BEFORE THE CLOSING DATE, THE ORIGINAL APPLICATION MUST BE MAILED TO OUR ADDRESS.

Application and required forms must be identified by this announcement number and submitted to the address below:

**Alaska Area Native Health Service
ATTN: Maria Cunningham, Human Resources Specialist
Western Region Human Resources
4141 Ambassador Drive, Suite 300
Anchorage, AK 99508
Phone: (907)-729-1353
Fax: (907) 729-1312**

All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job openings can be obtained at www.usajobs.opm.gov or check the IHS Website at www.ihs.gov all documents are subject to the provisions of the Privacy Act (PL 93-579) and become the property of DHHS.

Additional selections of candidates may be made from a promotion certificate within 90 days from the date the selection certificate was issued. The positions to be filled must have the same title, series, and grade, be in the same geographic location, and have the same qualification requirements. However, if there are no qualified Indian preference candidates left on the certificate the vacancy must be re-announced.

HR Specialist: _____ Date: _____

ATTACHMENT A

Resume Requirements - Your resume or other application format ***must*** contain the following information to allow for qualification determination. ***Failure to submit a complete application may result in your application not being considered for this position.***

1. Job Information (announcement number, title and grade(s) of the job you are applying for).

2. Personal Information

- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number you can be reached at.
- Email Address (if applicable)
- Social Security Number
- Country of Citizenship (U.S. citizenship required)

3. Education: list high school and colleges attended, type of degrees (list major) received, date of degree conferred, city and state of school. ***If no degree received, please document the number of credit hours you possess.***

4. Work Experience: (include non-paid work as well as paid)

- Job Title (if Federal employment, indicate series and grade)
- Duties and Accomplishments
- Employer's name and address
- Supervisor's name and phone number
- Starting and ending dates of employment (month/year)
- Hours of work per week
- Salary
- Indicate if you do not want us to contact your current supervisor (if not specified, it will be assumed that we may do so)

5. Other Qualifications

- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

COMMON OMISSIONS – from applicants

1. No transcript or copy of diploma. If you are substituting education for experience you must include a copy of your transcripts/list of courses OR copy of your diploma.
2. Missing starting and ending dates of employment (month/year).
3. Missing total number of hours worked per week.
4. Missing OF-306
5. Missing Selective Service form
6. Missing BIA form 4432 (if claiming Indian Preference)

ATTACHMENT B

Special Instructions for Surplus or Displaced Employees

1. You may be eligible for special selection priority consideration under the Career Transition Assistance Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indicating your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or for declining a transfer of function or directed reassignment to another commuting area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; official notification from OPM that an individual's disability annuity has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

OF-306
Declaration for Federal Employment

Form Approved: September 1994 - US Office of Personnel Management - OMB No. 3206-01827775 NSN 7540-01-368-5306-101

GENERAL INFORMATION

1. FULL NAME: _____
2. SS NUMBER: _____
3. PLACE OF BIRTH: _____
4. DATE OF BIRTH (MM/DD/YY): _____
5. OTHER NAMES EVER USED (for example, maiden name, nickname, etc.): _____
6. PHONE: Day: _____ Night: _____

MILITARY SERVICE:

7. Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "No."
Yes _____ No _____

If you answered "Yes," list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH: _____

FROM _____ TO: _____

TYPE OF DISCHARGE: _____

BACKGROUND INFORMATION

For all questions, provide all additional information requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9 and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest). But omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) and conviction set aside under the Federal Youth Corrections Act or similar State Law, and (5) any conviction whose record was expunged under Federal or State law.

8. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
Yes _____ No _____

9. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "No.") If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
Yes _____ No _____

10. Are you now under charges for any violation of law? If "Yes," use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
Yes _____ No _____

11. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you barred from Federal employment by the Office of Personnel Management? If "Yes," use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.
Yes _____ No _____

12. Are you delinquent in any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If “Yes,” use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

Yes_____ No_____

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS
ADDITIONAL QUESTIONS

13. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes," use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

Yes _____ No _____

14. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based military, Federal, civilian, or District of Columbia Government service?

Yes _____ No _____

Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, social security number, and item number, and the include Zip codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

15. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment, I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a. Applicant's Signature (sign in ink)

Date

16b. Appointee's Signature (sign in ink)

Date

17. Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a. When did you leave your last Federal job? Date: _____

17b. When you worked for the Federal Government the last time, did you waive Basic Life insurance or any type of optional life insurance?

Yes _____ No _____

17c. If you answered "Yes" to item 17b, did you later cancel that waiver(s)? If your answer to item 17c is "No" use item 15 to identify the type(s) of insurance for which waivers were not canceled.

Yes _____ No _____

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel agency Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by the statement failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code.)

Legal signature of individual {Please use ink}

Date signed {Please use ink}

Addendum to Declaration for Federal Employment (OF 306)
Indian Health Service
Child Care & Indian Child Care Worker Positions

=====

Item 15a. Agency Specific Questions

Name: _____ **Social Security Number:** _____

(Please print)

Job Title in Announcement: _____ **Announcement Number:** _____

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES_____ NO_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES_____ NO_____

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant=s Signature (sign in ink)

Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.
Please do not send completed data collection instruments to this address.